

# ANNUAL REPORT OF OPERATIONS FOR YEAR \_\_\_\_ January 1st to December 31st, 2016

## Idaho Fish Processors Permit

<b>I. Facility Name:</b> Clear Springs Foods Processing Plant II		<b>NPDES #</b> IDG-132001	
<b>Operator Name (Permittee):</b> Clear Springs Foods, Inc.		<b>Phone:</b> (208) 543-3462	
<b>Address:</b> 1581-A Clear Lake Grade BUHL, ID 83316		<b>Fax:</b> (208) 543-4146 <b>E-Mail:</b> randy.macmillan@clearsprings.com	
<b>Owner Name :</b> (if different from Operator)		<b>Phone:</b> (208) 543-3462	
<b>II. Annual Production:</b>	<b>Number of pounds of fish processed in the year</b> 0 pounds		
<b>III. Noncompliance Summary:</b> Include description & dates of noncompliance, the reasons for such incident, and the steps taken to correct the problem. Attach additional pages, if necessary.  Facility Has Been Shuttered There were no periods of noncompliance in 2016			
<b>IV. Best Management Practices (BMP) Plan</b>			
BMP Plan has been reviewed this year.		X	Yes
BMP Plan fulfills the requirements set forth in the permit:		X	Yes
Summarize changes in the BMP Plan since last annual report:			No
No changes in the BMP Plan.			
<b>V. Land application of solids and/or irrigation with wastewater</b>			
Attach Maps of Application Sites . (Note: IDAPA 58.01.02.650 requires IDEQ approval for solids disposal on land)			
<b>Date</b>	<b>Location and Acreage of Application</b>	<b>Solids Applied in Cubic Yards or Pounds</b>	<b>Wastewater Applied in Gallons</b>
	Facility Has Been Shuttered		No Solids Land Applied
<b>Yearly Total</b>			

**VI. Chemical Usage (including pesticides and drugs)**

Chemical	Date or # days used	Maximum concentration in effluent (actual or estimated)
No Chemicals Used		Facility Has Been Shuttered

**VII. Inspections and Repairs for Wastewater Treatment Systems**

Date Inspected	Date Repaired	Description of system inspected and/or repaired
None		Facility Has Been Shuttered

**VIII. Signature & Certification**

*"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gather and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."*

**Signature:** 

**Title/Company:** Vice President/ Clear Springs Foods, Inc.

**Print Name:** John R. MacMillan

**Date:** 01/17/2017